

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9272
Registrar's No. 2755

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Douglas & Phillips
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Ornette Thompson

3. (b) If veteran,

name war none

3. (c) Social Security

No. 499-017361

4. Sex

Male

5. Color or race Cal

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Lurella Thompson

6. (c) Age of husband or wife if

alive 38 years

7. Birth date of deceased

(Month) 10 (Day) 21 (Year) 1900

8. AGE:

Years 39 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace

Enid (City, town, or county) Miss (State or foreign country)

10. Usual occupation

operator

11. Industry or business

foundry

MOTHER FATHER

12. Name

Ornette Thompson

13. Birthplace

Enid (City, town, or county) Miss (State or foreign country)

14. Maiden name

Bea Bradford

15. Birthplace

Enid (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature

Lurella Thompson

(b) Address

1416 McCrepsen

17. (a)

(Burial, cremation, or removal)

(b) Date thereof 3 25-40 (Month) (Day) (Year)

(c) Place: burial or cremation

Enid Miss

18. (a) Signature of funeral director

Allen Black

(b) Address

1416 McCrepsen

19. (a)

(Date received local registrar)

MAR 25 1940

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss (b) County St Louis
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 McCrepsen
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

Medical Certification
No attending physician

20. DATE OF DEATH: Month March day 21st
year 1940 hour 3 minute 25 AM.

21. I hereby certify that I attended the deceased from

_____ 19____, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia;
Left Emphyema.

Due to

Due to

Other conditions

(Include pregnancy within _____ months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature

Joseph M. Luecke (Name of other)
Address Duquoy Corner Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Lennie Boeffen
Licensed Embalmer No. 2946
P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.